

Schedule Change Request Form

Student's Name: _____ Grade: _____ Date: _____

Current Course: _____ Requested
Course: _____

Reason for Change: _____

Parent Signature: _____

Best way to contact you during school hours: _____

Please submit this completed form to the GUIDANCE office. After guidance meets with Ms. Doll, one of the school counselors will contact you in regards to your request.

Principal Decision: Approved Not Approved

Principal Signature: _____

Please note:

- Please remember that the master schedule was created based on the choices that your child made during the registration process. The master schedule is not a flexible document. Our course offerings are based on several factors including: student course selection, building enrollment, staff availability, and school facilities.
- There will be no schedule changes made after September 2, 2008.